Introduced by Senator Runner

February 20, 2007

An act to amend Section 127405 of the Health and Safety Code, relating to hospitals.

LEGISLATIVE COUNSEL'S DIGEST

SB 350, as introduced, Runner. Hospitals: discount payment and charity care policies.

Existing law requires each hospital, as a condition of licensure, to maintain a written policy regarding discount payments for financially qualified patients as well as an a written charity care policy.

This bill would require that a hospital's discount payment policy and care policy also include a specified process for determining a patient's eligibity for discounted payments or charity care, including information on the time period for applying for those payments or care.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- SECTION 1. Section 127405 of the Health and Safety Code is amended to read:
- 3 127405. (a) (1) Each hospital shall maintain an understandable
- 4 written policy regarding discount payments for financially qualified
- 5 patients as well as an understandable written charity care policy.
- 6 Uninsured patients or patients with high medical costs who are at
- 7 or below 350 percent of the federal poverty level, as defined in
- 8 subdivision (c) of Section 127400, shall be eligible to apply for
- 9 participation under each hospital's charity care policy or discount

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payment policy. Notwithstanding any other provision of this act, a hospital may choose to grant eligibility for its discount payment 3 policy or charity care policies to patients with incomes over 350 4 percent of the federal poverty level. Both the charity care policy 5 and the discount payment policy shall state the process used by the hospital to determine whether a patient is eligible for charity 6 7 care or discounted payment. The discount payment policy and 8 charity care policy shall also include a specified process for 9 determining a patient's eligibility for discount payments or charity 10 care, including information on the time period for applying for those payments or care. In the event of a dispute, a patient may 11 12 seek review from the business manager, chief financial officer, or 13 other appropriate manager as designated in the charity care policy 14 and the discount payment policy.

- (2) Rural hospitals, as defined in Section 124840, may establish eligibility levels for financial assistance and charity care at less than 350 percent of the federal poverty level as appropriate to maintain their financial and operational integrity.
- (b) Each hospital's discount payment policy shall clearly state eligibility criteria based upon income consistent with the application of the federal poverty level. The discount payment policy shall also include an extended payment plan to allow payment of the discounted price over time. The policy shall provide that the hospital and the patient may negotiate the terms of the payment plan.
- (c) The charity care policy shall clearly state eligibility criteria for charity care. In determining eligibility under its charity care policy, a hospital may consider income and monetary assets of the patient. For purposes of this determination, monetary assets shall not include retirement or deferred-compensation plans qualified Internal Revenue Code. or under the nonqualified deferred-compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.
- (d) Each hospital shall limit expected payment for services it provides to any patient at or below 350 percent of the federal poverty level, as defined in subdivision (b) of Section 124700, eligible under its discount payment policy to the amount of

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payment the hospital would receive for providing services from Medi-Cal, Healthy Families, or government-sponsored health program of health benefits in which the hospital participates, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or any other government-sponsored program of health benefits in which the hospital participates, the hospital shall establish an appropriate discounted payment.

- (e) Any patient, or patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination.
- (1) For the purpose of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns.
- (2) For the purpose of determining eligibility for charity care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans. A hospital may require waivers or releases from the patient or the patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value. Information obtained pursuant to this paragraph regarding the assets of the patient or the patient's family shall not be used for collections activities.
- (3) Eligibility for discounted payments or charity care may be determined at any time the hospital is in receipt of information specified in paragraph (1) or paragraph (2), respectively.